tenderness of the scalp. She has been constantly conscious. She gets some sleep nearly every night, and has been able, for the last fortnight, to sit up several hours, nearly every day. There is less flushing of the face, and less coldness of the hands and feet. The sense of heat in the head still continues, and although she takes food rather more freely, it is not because she has any appetite for it. I asked her, a few days ago, if she was confident about her recollection of the time when her brother John was born. She smiled, and answered, that she remembered it as well as though it happened yesterday. She said that she had no remembrance of this event before her present sickness. Most of the events of her sickness, *except in relation to the lapse of time*, are very indistinctly remembered.

Lowell, Mass., 25th February, 1839.

ART. IV. *Case of Cancerous Ulceration of the Œsophagus opening into the Trachea.* By MORRILL WYMAN, M.D., Cambridge, Mass.

R. B. came under my observation, July 10th, 1838. Patient tall, large frame, much emaciated; ætat. 70. Reports he has not been in good health for eight or ten years. During several months past, has lost flesh and strength. Three months since, while at dinner, first perceived difficulty in deglutition. The morsel, a piece of meat, was arrested in the œsophagus, and he was obliged to return it to the mouth by hawking. From that time to the present, deglutition has become more and more difficult, forbidding the use of any other than liquid or soft solid food. He suffers no pain in the œsophagus, except an occasional burning sensation. Feels assured that his food always passes down to the same point, midway of the sternum, before it meets with any obstruction, or is returned to the mouth. When it is returned, it is not by any exertion on the part of the patient, but by an inverted action of the œsophagus.

Œsophagus examined by means of an ivory ball-probang, one half an inch in diameter. Instrument passed readily to seat of stricture, ten or twelve inches from the teeth, but there stopped suddenly without being in the least engaged in it. A similar ball, three-eighths inch in diameter, became slightly engaged, but with moderate force would not pass; a third, one-fourth inch in diameter, passed readily into the stomach. Stricture about eight inches from pharynx, one and a half inches in length; passage small and apparently rough from projecting masses along its sides.

July 22d.—Called to patient, who informs me he was able to swallow as usual, till thirty-six hours ago, since that time has swallowed no food whatever;

is faint and exhausted. Says he is very hungry; takes food frequently, but in two or three minutes it returns again to his mouth—"shall surely starve, if not soon relieved." The smallest ball-probang passed through stricture; still patient could neither eat nor drink. After some difficulty, a very small stomach tube was introduced, and a half pint of milk porridge thrown in by means of a pump; in four hours, a pint more of the liquid was administered in the same way.

23*d*.—Reports he was much revived by food; in evening was able to swallow again. This morning, has taken breakfast (ginger-bread made soft in tea,) with much more ease than usual. At noon, ventured upon a small piece of pork, which also passed. Still very weak.

30*th*.—Since last date, deglutition has improved gradually; none of his ordinary food has been returned, but is careful that it be either soft or in very small pieces. Strength increasing.

During latter part of summer and fall, patient has been employed about his house as usual, doing such things as his strength would allow. About once in ten days, has had ball-probang, one-fourth inch in diameter, passed through stricture. This has never been done, however, unless he has been obliged to submit to it by a fear of complete closure of the œsophagus, and consequent starvation. At each time the difficulty in passing the probang was increased, not only by the narrowed passage, but also by the difficulty experienced in finding it. The instrument required a certain direction, or it would slip into a little excavation at the side of the true passage, through which there was, apparently, no opening into the œsophagus below the stricture.

October 17*th*.—On withdrawing the probang, it was found besmeared with a brownish coloured, slimy, very fetid matter. During two or three days following, skin hot and dry; tongue coated; pulse accelerated. These symptoms soon passed off, and he recovered his usual state of health, with an ease of deglutition greater than he had enjoyed since the July previous.

This state continued till the last week in December, but with no improvement in strength or flesh. He now began to have cough, with some dyspnœa. The cough was increased on taking food, which he said produced "a terrible burning" behind the upper part of sternum. Food frequently rejected, even when liquid, after remaining a few minutes in the œsophagus. During the following week, became more sick. Thirsty; skin hot and dry. Pulse, 108; tongue coated; dry. Weaker, and, if possible, more emaciated than before.

January 9*th*.—Took to his bed on account of extreme debility. Cough increased; expectoration principally mucus, with some of the liquid he has attempted to swallow. Chest resonant on percussion; coarse mucous râles in both backs; sound of respiration distinct. Pulse, 110, small. Craves cold water only; thirst great. Two liquid dejections daily, not large. From this date, cough more distressing. Difficulty of deglutition not increased,

although burning sensation behind sternum is still complained of. The pulse became more rapid till the evening of the 12th, when it was at 120 per minute. During the night of the 12th, extremely restless, and on the morning following, after being turned in bed by his attendant, immediately expired.

The body was examined thirty hours after death, in the presence of my father, Dr. Rufus Wyman, and several other medical gentlemen. Externally, body extremely emaciated; muscles very distinct; chest large; abdomen very much sunken. Tongue, pharynx, œsophagus, stomach, and the contents of the chest removed together. Pharynx appeared healthy throughout, as did the tongue. Epiglottis large, healthy. Nothing abnormal discovered in removing the œsophagus until its connections were destroyed as far as the fourth dorsal vertebra, where such strong adhesions were found between it and the periosteum, covering that bone, that they could be separated by the knife only; adhesions hard and grating under the edge of this instrument. Œsophagus of the usual size at its junction with the pharynx: below this, larger than usual till near the level of the fourth dorsal vertebra, where its sides became thickened and calibre diminished by a rough tuberculated surface to the diameter of one-eighth of an inch. This contracted portion extended about two inches of the length of the canal. This part in a state of ulceration with fetid matter adherent. Two ulcerations were observed deeper than the others, and, on gently inserting a probe into one of them, it passed freely into the trachea. The trachea and bronchi being then laid open, another ulceration admitting a full sized dressing probe was seen in the posterior membranous part of the trachea exactly at its bifurcation. This, too, communicated with the œsophagus at its thickened, ulcerated part. The trachea and bronchi near the openings, showed evident marks of inflammation; mucous membrane red, roughened, and in some parts a purulent secretion upon its surface. On the tracheal side, the openings were smooth, with the edges thin and well defined; on the opposite side rough, with ulcerations leading directly down to them. Some adhesions of long standing existed between the lungs and pleura costalis, but otherwise these organs were remarkably healthy. Stomach carefully examined at its cardiac and pyloric orifices, but no thickening or schirrous appearance observed.

Cambridge, Mass., February, 1839.